

**BILLING FOR SPECIAL SERVICE COSTS FOR STATE-PLACED STUDENTS  
WHO ARE NOT SPECIAL EDUCATION ELIGIBLE  
SCHOOL YEAR 2007 - 2008**

Check off where you would like payment made:

☐ Reporting entity:

☐ SU Number:

Student Name	DOB	State ID#	Description of Services	Begin Date	End Date	Cost of Services

Local Education Authority Signature: \_\_\_\_\_

Date: \_\_\_\_\_

☐ Copy of Bill and Documentation of payment attached

**FOR DEPARTMENT USE ONLY**

FINANCE CODES	<input type="checkbox"/> Request Received & in File	<input type="checkbox"/> Proof of payment attached
20205-510005000-51192008-0520	<input type="checkbox"/> Plan Received & in File	<input type="checkbox"/> Commissioner Letter Attached for Finance
3209-_____-08-00	<input type="checkbox"/> Commissioner Approved	